



APPLICATION FOR SPECIAL CERTIFICATE TO EMPLOY AT A SUBMINIMUM WAGE RATE

360/902-5316

FAX 360 902-5300

Please complete this form in full

Under the authority of the Washington State Minimum Wage Act, RCW 49.46.060 and/or the Industrial Welfare Act (RCW 49.12.110), application is hereby made to employ a:

Employer may attach additional information on separate page(s).

<input type="checkbox"/>	HANDICAPPED WORKER: Not below 75% of current state minimum wage unless determined justified by L&I. In accordance with regulation WAC 296-128-050 for workers 18 years of age and over or WAC 296-125-043 for minor workers under age 18, for an individual whose earning capacity is impaired by reason of age, mental disability, or physical disability, at an hourly rate of \$_____. Statement from physician, vocational school or other authority verifying this individual's handicap related to the occupation must be attached. Description of occupation _____ Nature of disability _____ DOB if under 18 _____ Period requested for subminimum wage certificate: From _____ to _____ Worker will be employed _____ hours per day _____ and days per week.
--------------------------	--

<input type="checkbox"/>	LEARNER (ADULT): In accordance with regulation WAC 296-128-100, for an individual for on-the-job training when there aren't sufficient experienced workers for the particular occupation, at not less than 85% of the legally established minimum wage, for a maximum of 480 hours experience in the occupation(s) of: _____ Employer confirms that adequate supply of qualified experienced workers is not available. Number or proportion of learners to be employed in any one day _____ and in any one week _____ Subminimum hourly wage rates for each occupation \$ _____
--------------------------	---

<input type="checkbox"/>	STUDENT LEARNER: In accordance with regulation WAC 296-128-175, for an individual attending an accredited school, college or university, and who will be employed in a bona fide vocational training program, or on the job-training program as a complement to education by learning through work. Not to exceed one school year. Not less than 75% of current state minimum wage. Name of training school, college, university: _____ <table border="1" data-bbox="175 1239 1513 1522"><thead><tr><th colspan="2">Nature of school training program</th><th>Occupation</th></tr></thead><tbody><tr><td>Total number of workers employed</td><td>Age of Student Learner</td><td>Number of hours of employment training per day</td></tr><tr><td>Number of hours worked per week</td><td colspan="2">Number of hours of school instruction per week</td></tr><tr><td>Number of experienced workers employed by the employer</td><td colspan="2">Hourly wage rate of experienced workers \$ _____</td></tr></tbody></table> Proposed hourly rate to be paid to student learner \$ _____	Nature of school training program		Occupation	Total number of workers employed	Age of Student Learner	Number of hours of employment training per day	Number of hours worked per week	Number of hours of school instruction per week		Number of experienced workers employed by the employer	Hourly wage rate of experienced workers \$ _____	
Nature of school training program		Occupation											
Total number of workers employed	Age of Student Learner	Number of hours of employment training per day											
Number of hours worked per week	Number of hours of school instruction per week												
Number of experienced workers employed by the employer	Hourly wage rate of experienced workers \$ _____												

<input type="checkbox"/>	STUDENT WORKER: For resident students in a school who are working to pay their student expenses. Not less than 75% of current state minimum wage. In accordance with regulation WAC 296-128-275, for students receiving instruction in a bona fide educational program in an educational institution, and who are employed on a part-time basis by the institution for the purpose of enabling the students to defray part of their school expenses, attending school and employed by _____ In the occupation(s) of _____ <table border="1" data-bbox="175 1837 1513 1927"><tr><td>Number of students to be employed in any one day</td><td></td></tr><tr><td>Subminimum hourly wage rate to be paid for occupation</td><td>\$ _____</td></tr></table>	Number of students to be employed in any one day		Subminimum hourly wage rate to be paid for occupation	\$ _____
Number of students to be employed in any one day					
Subminimum hourly wage rate to be paid for occupation	\$ _____				

TO BE COMPLETED BY EMPLOYER

Firm name		UBI No	
Firm address:			
City		State	ZIP
Phone Number	Fax Number	E-mail	
Type of industry	Period requested for subminimum certificate From _____ To _____		
<p><i>If worker is under age 18, employer must have a valid Minor Work Permit; a copy of the completed and signed Parent/School Authorization form and proof of age must be attached with this application.</i></p> <p>The employer agrees to employ this person or persons under the conditions indicated on this application and further agrees not to discharge such person or persons by reason of requirement to increase the rate of pay to the legal hourly minimum wage when learning period is completed.</p>			
Date	Signature and Title of Employer or Employer's Authorized Representative		

TO BE COMPLETED BY WORKER

☐ Handicapped ☐ Student Learner ☐ Adult Learner

Worker name	Date of birth	Phone number
Address		
City	State	ZIP
Have you previously been employed in this industry? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many total hours?
Business name of previous employer(s) in this industry		
Address and phone number of previous employer(s)		
Date	Signature of Worker or Individual with Custody or Power of Attorney	

FOR DEPARTMENT USE ONLY

Certificate Number: _____

The Department of Labor & Industries has approved this request for a subminimum wage certificate subject to the provisions of RCW 49.46.060 and WAC 296-128-_____ or RCW 49.12.110 and WAC 296-125-043 for workers under age 18.

This certificate is valid from _____ to _____

Date	Employment Standards Authorized Representative
------	--